

# Adult Financial Med-9 Medical Conditions 2020

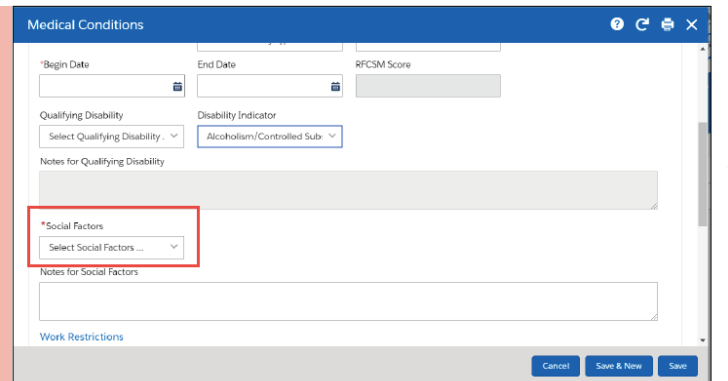
## Medical Conditions Page updates

### Social Factors are now required on all Med 9s

For the page to be completed successfully, social factors must be selected.

If no Social Factor is indicated on the Med 9 the worker can choose **None**.

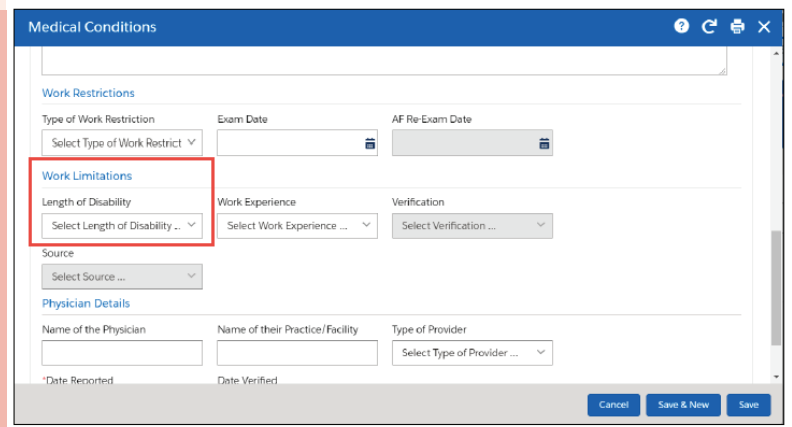
*\*If None is chosen the case will fail regardless of other data entry.*



The screenshot shows the 'Medical Conditions' form. The 'Social Factors' dropdown menu is highlighted with a red box. The form includes fields for 'Begin Date', 'End Date', 'RFCSM Score', 'Qualifying Disability', 'Disability Indicator', 'Notes for Qualifying Disability', 'Notes for Social Factors', and 'Work Restrictions'. Buttons for 'Cancel', 'Save & New', and 'Save' are visible at the bottom right.

The Social Factors section of CBMS has been updated to be called Work Limitations.

The Social Factors field has been updated to be called Length of Disability.



The screenshot shows the 'Medical Conditions' form with the 'Work Limitations' section highlighted by a red box. This section includes fields for 'Type of Work Restriction', 'Exam Date', 'AF Re-Exam Date', 'Length of Disability', 'Work Experience', 'Verification', and 'Source'. Below this is the 'Physician Details' section with fields for 'Name of the Physician', 'Name of their Practice/Facility', 'Type of Provider', 'Date Reported', and 'Date Verified'. Buttons for 'Cancel', 'Save & New', and 'Save' are at the bottom right.



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## Med-9 Updates

Select **only one** of the two disability level options below:

<input type="radio"/>	<p>This individual has a physical or mental disability/diagnosis(es) listed above which in combination with other factors, such as age, training, experience, and social setting substantially precludes the individual from having any employment that exists in the community for which they have competence. This disability is expected to last 6 months or longer.</p> <p>This condition is expected to last _____ months. (Please enter a number between 6 and 12.)</p>
<input type="radio"/>	<p>This individual <b>does not</b> have a physical or mental disability/diagnosis(es) that will last 6 months or longer and/or does not have accompanied social factors that preclude the individual from having employment in the community for which they have competence.</p>

Please identify the social factors preventing the individual from employment:

<ul style="list-style-type: none"> <li><input type="radio"/> Age</li> <li><input type="radio"/> Training</li> <li><input type="radio"/> Experience</li> <li><input type="radio"/> Social Setting</li> </ul>	<p>Other/Additional:</p>
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Med-9 Instructions for the Medical Provider* (Please Read)	
Important Information	What We Are Asking The Medical Provider To Do?
<p>This client has applied for Aid to the Needy Disabled (AND). AND provides a monthly payment to individuals that cannot maintain gainful employment due to a disability.</p> <p>In order to qualify, a medical provider* must certify the applicant's disability by filling out the attached Med-9 form based on an assessment of the applicant's medical condition.</p> <p>The words "total disability" on the Med-9 form are derived from regulations. They are not intended to reflect medical prognosis terminology.</p> <p>The county Human Services office and CDHS will consider your medical opinion expressed on the form.</p>	<ol style="list-style-type: none"> <li>1. Evaluate the client's disability</li> <li>2. Complete <i>all</i> of the gray Sections on the Med-9 form               <ol style="list-style-type: none"> <li>a. Check only <i>one</i> disability level box</li> <li>b. Your signature, provider type, name, address, phone number, license number, the state issuing your license and date of exam</li> </ol> </li> <li>3. Return the completed form to the client and you may send a copy to the county department to assist the process. <b>You can obtain the county's fax number by visiting:</b>  <a href="https://www.colorado.gov/pacific/cdhs/contact-your-county">https://www.colorado.gov/pacific/cdhs/contact-your-county</a> <ol style="list-style-type: none"> <li>a. The client's county of residence is located on the Med-9 form</li> <li>b. On the website above, select the corresponding county to locate the county fax number</li> </ol> </li> </ol>



# Adult Financial Med-9 Medical Conditions 2020

Per current functionality, the AF re-exam date will not set if AF is closed when you complete the Medical Conditions Page.

To set an AF re-exam date you must rescind first.

## THEREFORE

The AF re-exam is pending or open, and CBMS functionality can set the AF re-exam date when the Medical Conditions Screen is completed.

## INTAKE

The AF re-exam set from Effective Begin Date (Application Date) and the Length of Disability value.  
**Note:** The application month will be month 1 of the Length of Disability.

## RRR

The AF re-exam date will set from the Effective Begin Date (1st of the new certification period) and the Length of Disability Value.

## NO AF RE-EXAM DATE IF

Social Factors = None  
No Work Cap <3  
Not Disabled - Material 1

Not Disabled From Another  
No Work Cap 3 to 5

IF:

Customer has an ARG (Disability Determination) at RRR & Diary Date is more than 6 months from 1st month of new certification & Med-9 is not needed.



THEN:

Add new row on Medical Conditions screen & complete all appropriate fields. Duplicate the ARG information on the Disability Determination Screen. ARG can be used as name of physician & practice.



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